## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE DN OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



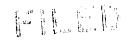
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050406 (4)

INTERMEX COMMUNICATIONS, INC.



97 SEP 16 MI 10: 29

SECRETARY OF STATE TALLAHASSEE FLORIDA



B. (18)			{	BBIEL EIFEL BBIEL BLUIL BELLB EIFL LBDI
Principal Place of Business	Mailing Address			
9350 SOUTH DIXIE HWY 1520	9350 S DIXIE HWY 1520			
MIAMI FL 33156	MIAMI FL 33156		DO NOT WRITE IN	THIS SPACE
US	U\$			3a. Date of Last Report
	•		06/27/1995	01/30/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 11060 North Kendull Dr.	ive 26 11060 North	Kendell duri	65-0621457	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 N/A.	27 N/A		Certificate of Status Desired	Fee Required
City & State	City & State	_	6. Election Campaign Financing	\$5.00 May Be
23 MiAMI - FL	28 miami-	FL	Trust Fund Contribution	Added to Fees
Zip Country 25 US	Zip .	Country	8. This corporation owes or has paid	
24 33176 25 05	29 33176 3	o v.s.	Personal Properly Tax due June 30	
9. Name and Address of t	Surrent Registered Agent		10. Name and Address of New Regis	stered Agent
RINCON, JOHN B		81 Name	RINCON, JOHN B.	
9160 SW 92 COURT			dress (P.O. Box Number is Not Acceptable	
MIAMI PL 33176 9160				
	•	83		
		84 City		<b>85</b> Zip Code
			nigmi	FL S Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
Signature, typed or printed name of regist		Registered Agent signature requ		DATE
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
DINCON IOHN B	☐ DELETE	-	PRELIDENT	Change Addition
OTEN SW 02 COURT		1.2 NAME A	INCON, JOHN B.	
STREET ADDRESS MIAMI FL 33176			1160 IN 92 COURT	
UIT-SI-ZIF			mi Ami FL 33176	
TITLE TREASURER	☐ DELETE	2.1 TITLE /	REALURER	☐ Change ☐ Acidition
NAME RUSSELL SHOUL		2.2 NAME	INTREIT PINNIZ	- 1
STREET ADDRESS 11060 North Ke			110,60 NORTH KENDALL	
CITY-ST-ZIP miami - Fl		2. 4 CITY-ST-ZIP	mini - FL 33176	
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		ا به پېښېرنې
STREET ADDRESS		43 STREET ADDRESS	10000229 -09/16/97	14U/11
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	****558.	75 MARINGS TABUITION
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		1 :
CITY-ST-ZIP		5.4 CITY+S1-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		~ ( ,
STREET ADDRESS		63 STREET ADDRESS		~ () U/()
CITY-ST-ZIP		6.4 CiTY-ST-7iP		1 pr 2/1,

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the combration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchartiged, or on an all achment with an address.